

MELTON MOWBRAY
URBAN DISTRICT COUNCIL.



Annual Report

OF THE

MEDICAL OFFICER of HEALTH,
FOR THE YEAR 1904.

MELTON MOWBRAY :

PRINTED BY J. W. WARNER, THE LIBRARY, SOUTH PARADE.

— REPORT. —

*To the Chairman and Members of the Melton Mowbray
Urban District Council.*

GENTLEMEN,

The health record of your town does not in its mortality rates exhibit any marked deviation from the mean of previous years. The birth rate, however, has appreciably risen, and is the highest recorded since 1899.

In the accompanying table these several rates are contrasted with those of the preceding decennium. The birth and death rates are in each instance calculated per **population of 7,835** for the year 1904, and of 7,216 for the preceding ten years. The Infant Mortality rate represents the number of deaths under one year per 1,000 births.

	Birth Rate.	Gross Death Rate.	Zymotic Death Rate.	Infant Mortality Rate.
1904 	29.9	16.9	2.42	133
Averages for years 1894 to 1903	28.5	16.6	2.0	120

One hundred and thirty-three deaths were registered in the district during 1904. Nine of these deaths occurred in the Union Workhouse among persons belonging to parishes in the adjoining Rural District. I have records of five deaths of Melton Mowbray patients in Public Institutions beyond the district. The nett number of deaths accredited to your district is thus 129, and **the Corrected Death Rate is 16.4.** An analysis of the ages at which these deaths took place shews that approximately a fourth were in infants under one year and a fourth in persons of 65 years and upwards.

DEATHS FROM ZYMOTIC DISEASE.

Whooping Cough, which was exceptionally prevalent in the month of March, claimed no less than ten victims—*i.e.*, over seven per cent. of the total deaths—all being infants and children below school age. This is the heaviest mortality return for Whooping Cough recorded in Melton within recent years.

A total of 19 Zymotic Deaths was made up as follows :—

Whooping Cough ...	...	...	...	10
Diarrhoea ...	...	...	...	5
Scarlet Fever ...	...	...	...	2
Diphtheria ...	...	...	...	1
Small Pox ...	...	...	...	1
				—
				19

In addition I record two deaths from Influenza, one from erysipelas and one from Tetanus.

It will be observed in the above table that the lower mortalities are from notifiable diseases, whose administrative control receives attention, the majority of Zymotic Deaths being accredited to maladies whose official recognition is practically confined to statistical classification. Small Pox, at the very name of which people pale, claimed one victim, an infant, while ten succumbed to Whooping Cough and five to Summer Diarrhoea. Yet the latter passed comparatively unnoticed ; and here

they resemble **TUBERCULOSIS**, most fatal of Zymotic Diseases, save in so far as one form of it, Consumption, is voluntarily notifiable, though practically unnotified in your district. In addition to ten deaths from Consumption, there were six from other tubercular diseases. Voluntary notification revealed only three cases of Consumption, though there are probably over fifty in the town. In addition to the issue of instructions, thorough cleansing and disinfection should be carried out periodically on infected premises, overcrowding should be checked, the patient, if possible, having his own room, and each case should, as a matter of routine, lead to the rectification of all discoverable sources of insanitation.

OTHER CAUSES OF DEATH.

I record three fatal cases of Enteritis, one of Diabetes and one of Raynaud's Disease, Cancer caused seven deaths. Bronchitis, Pneumonia and other respiratory diseases are jointly responsible for sixteen deaths, while diseases of the Heart proved fatal in twelve instances. Two deaths were accidental and one was suicidal.

NOTIFICATION OF INFECTIOUS DISEASES.

The following cases of notifiable diseases came under observation :—

Small Pox ...	...	...	...	...	18
Diphtheria ...	...	...	...	...	9
Erysipelas ...	...	...	...	...	5
Scarlet Fever ...	...	...	...	...	44
Enteric Fever ...	...	...	...	...	1
Chicken Pox ...	...	...	...	...	21
Phthisis ...	...	...	...	...	3
				—	

SMALL POX.

The incidence of eighteen cases during September and October formed the subject of a special report of which the subjoined is a copy :—

*To the Chairman and Members of the Melton Mowbray
Urban District Council.*

GENTLEMEN,

In accordance with the instructions of the Local Government Board, I report on the occurrence of eighteen cases of Small Pox within your district :—

CASES 1, 2 AND 3.—In the third week of September two cases which closely simulated a mild type of Chicken Pox came under medical observation in an hotel in Melton. Enquiry into the origin of these cases revealed the fact that some three weeks previously a third member of the household had suffered from a slight indisposition, followed by a trivial rash which was not even suspected of being Chicken Pox. It appears probable that prior to this, yet a fourth member of the household had been similarly affected. There being however some doubt on this point, I do not include the latter case in my statistical returns. Certain it is that these ailments were of so trivial and transitory a type that medical advice was not required until the occurrence of the later cases. These though clinical pictures of Chicken Pox were immediately suspected, chiefly by virtue of the patients' adolescence as being an exceedingly modified type of Small Pox and were accordingly on 18th September tested by vaccination. The result of the test was negative, *i.e.*, the vaccination did not take, but by this time so ephemeral was the type of the disease the patients were free from infection and nothing was to be gained by hospital isolation. The patients were about twenty years of age and had been well vaccinated in infancy.

CASES 4 TO 11.—On 17th October, four cases, a mother and three unvaccinated children were notified at a house in Rosebery Avenue. Investigation of their source elicited the fact that a son aged 17 who had been vaccinated in infancy had in the third week of September suffered from symptoms corresponding to those which usher in a mild attack of Small Pox and which entailed his remaining in bed for one day. No rash whatever was observed. Some fortnight prior to the onset of his illness, *i.e.*, in the first week of September he had repeatedly visited the hotel where the first case occurred. The presumption that he had suffered from Small Pox without a rash or with so little eruption as to escape his observation and leave no trace behind it was verified on testing him with vaccine. He was the connecting link between the earlier cases referred to in the preceding paragraph and the later cases in his own house. Other members of the household were forthwith vaccinated in time to modify, but too late to prevent the disease in those who were susceptible. Three more patients were accordingly isolated on the 24th October. The vaccinal history of the inmates of this house is not devoid of interest, as illustrating the absolute immunity from Small Pox enjoyed by the recently vaccinated. It is as follows :—

*1—Father,	age 35	vaccinated infancy, attacked, mild
2—Mother,	35	" " " "
3—Son,	17	" " " very trivial, little or no rash
*4—M.S.,	70	" " " mild
5—Daughter,	11	unvaccinated " confluent
6—Daughter,	8	" " " "
7—Son,	10 days,	" " fatal
*8—M.N.,	4	" " confluent
9—M.N.,	30	re-vaccinated 1902, escaped
10—Daughter,	6	vaccinated infancy "
11—Daughter,	2	vaccinated infancy "

The cases marked with an asterisk were those last attacked and the disease was modified by vaccination during the incubation period.

CASE 18.—A spinster vaccinated in infancy, age 34, on a visit with friends in New Street had an exceedingly modified attack commencing on or about 1st October. This case also simulated Chicken Pox, and by the time its true nature was ascertained she was free from infection. It is fairly clear that she contracted the disease from the first cases shortly prior to their coming under observation. In this instance there were only three contacts, *i.e.*, persons exposed to infection. Two were elderly people with whom the patient resided. Both were freely exposed to infection, both had been re-vaccinated and both escaped.

CASE 13.—The third, a neighbour, age 39, vaccinated in infancy, developed the disease in a very mild discrete form on 25th October. Vaccination after exposure to infection had been declined.

CASE 14 furnished no history whatever of association with any of the foregoing, the patient being a stable boy, age 16, vaccinated in infancy. The attack was of a modified type and derived some scientific interest from the fact that the infection had in all probability been inoculated in the patient's eyelid. One stable-hand, re-vaccinated two years ago, shared his room and slept in an infected bed. Needless to say he did not contract Small Pox.

CASE 15 was another stable-hand who had been exposed to infection from the above. The patient, aged 19, had been vaccinated in infancy, and nine days after the appearance of the eruption in the previous case he developed a very discrete and abortive rash without any premonitory symptoms. This was on the 27th October. He had been vaccinated on the 19th, and although the rash suggested an exceedingly modified attack of Small Pox I was disposed to regard it as a "Vaccinia Rash," a type of eruption sometimes seen after vaccination. As there is no means of differential diagnosis in cases of this kind, I adopted the safer course of sending him to hospital, knowing that even if the case were not a modified Small Pox, it was at least physically impossible in the light of his recent vaccination for the disease to be contracted. The hospital physician is of opinion that the case was true Small Pox. A number of other stablemen and servants were contacts from this case. As they had been recently re-vaccinated I made no enquiry a fortnight later as to the state of their health.

CASE 16 was diagnosed and isolated on 22nd October, the eruption appearing on the same day. The patient, aged 22, an abstainer, and previously in the best of health, resided in Goodriche Street. There was no clear history of contact with previous cases or of any knowledge of exposure to infection beyond the fact that he had some fortnight previously visited a village near Melton where there were cases of Small Pox. Severe from its inception the disease rapidly became confluent, and is described by the hospital physician as being the worst non-fatal case he has ever seen. The patient was unvaccinated. His five brothers and sisters, three unvaccinated, were promptly immunized, and although freely exposed to infection, escaped. His father had had a severe attack of Small Pox when 19.

CASE 17 was notified and isolated on 27th October, the day on which the eruption appeared. The patient, aged 46, had been vaccinated in infancy. He resided in Snow Hill, and had some twelve days prior to the onset of the disease had called at the house in Rosebery Avenue where cases were subsequently notified.

CASE 18 notified 30th October and subsequently confluent, was an unvaccinated child, aged 18 months, and previously in a poor state of health. There was no history of direct exposure to infection and there were no ascertainable contacts outside the house in which the child resided. All the latter being promptly vaccinated escaped.

It will be observed that in numbering the above I have with a view to grouping associated cases, slightly deviated from their chronological sequence. In addition to these eighteen cases, one patient at Sysonby and another at South Croxton contracted the disease from cases at Rosebery Avenue. This was prior to the notification of the latter. In not a single instance is there the slightest evidence of any leakage or spread of infection subsequent to notification, a fact which I in large measure attribute to the untiring and successful efforts of my colleagues in securing the immediate vaccination of persons exposed to infection. Ere the close of October a vaccinated cordon had been thrown round every centre of infection, the patients themselves had been removed to efficiently vaccinated surroundings, and the epidemic deprived of its natural nutriment died of inanition.

Certain salient features of the outbreak call for comment. I have already alluded to the mildness of many of the cases. It is to this very mildness that the spread of infection must be chiefly attributed, and it is noticeable further that these transitory cases were not among unvaccinated persons, but among those in whom the protection conferred by the vaccination of infancy was already waning. The laity cannot be expected to recognise a disease which is so modified and evanescent as to sometimes defy the keenest experts, and a not infrequent result is an almost inevitable diffusion of infection. I regard such cases as being far more frequent than is usually supposed, and have myself seen at least three indisputable cases of modified Small Pox in which a most careful examination of the patient failed to reveal the slightest lesion or mark on any part of the body. On the other hand, save when an attenuated type of the disease is contracted, the unvaccinated patient ordinarily goes straight to bed seriously ill, the disease being unmistakeable. As a diffuser of infection he is in this respect far less prejudicial to the public health than his vaccinated neighbour who has partially lost the immunity which he once enjoyed. As a recipient of infection he is of course more dangerous. As in all modern Small Pox epidemics we are furnished with the inevitable illustrations of the complete and absolute immunity enjoyed by the recently vaccinated. Not a single person who had been vaccinated within ten or even fifteen years contracted the disease, although many were freely exposed to infection in a confined atmosphere for days on end. This immunity was of course shared by all those engaged in the administrative control of the disease, by physicians, sanitary staff and nurses, *i.e.*, precisely those who are most frequently in close contact with infection. As in other epidemics the records which I now publish serve to illustrate the inadequacy of our present vaccination laws which are merely a half measure, constituting an appeal for efficient legislation as to vaccination and re-vaccination analogous to that which has been so successfully employed in Germany. Certain it is that the sooner some such system is adopted the better it will be for the health, the trade and equanimity of a population in daily dread of a disfiguring disease which no one need contract.

The preventive precautions adopted in dealing with the outbreak were, of course, primarily, the vaccination or re-vaccination of every ascertainable Contact. This, though in the majority of instances secured with facility, was frequently fraught with no little difficulty. But secured it was and with the results already recorded. In addition numerous others, especially those in houses adjoining infected premises were promptly vaccinated. Hospital isolation, *i.e.*, the removal of patients to efficiently vaccinated surroundings was adopted in the thirteen cases indicated above. Disinfection by cleansing, boiling, formalin spraying and formalin fumigation was employed in addition to the burning of a number of beds, the latter expenditure being attributable to the absence of a steam disinfecter. Surveillance of persons exposed to infection, detention (with pecuniary compensation) of Contacts, house to house enquiries with delivery of instructions as to the necessity for notifying

cases of Chicken Pox, and medical examination of suspicious cases of illness were among the other administrative measures employed. These being recognised methods of dealing with Small Pox outbreaks, I need not refer further to them beyond stating that they were successful. On one point, however, I desire to comment. I refer to the supervision of persons exposed to infection.

Between exposure to infection and the actual onset of the disease a period of twelve to fourteen days ordinarily elapses. During this incubation period the patient feels and looks as well as usual, and does not effuse infection until at earliest the actual onset of the disease or more probably until the appearance of the eruption. Consequently, if a Contact's clothing be, where necessary, disinfected, there is no hygienical objection to his mixing among others during this period. As a matter of public policy it may of course be occasionally expedient to hide from the timorous all persons who are popularly presumed to savour of Small Pox, and in the light of the interests at stake in your town on the advent of the hunting season, you discussed the pros and cons of the matter with me in Committee, and decided with my concurrence on the 24th of October to adopt this course. In the practice of Preventive Medicine I however hold that under normal conditions, the cooping of contacts is uncalled for, inexpedient and expensive. To allow them out of doors in no way jeopardises the Public Health, while the incarceration of a large family in a small cottage for a fortnight does not appear to me on physiological grounds as being the most efficient means of increasing their power of resistance to infection. Consequently my consistent counsel in such cases is to allow contacts out of doors and as much as possible in the fresh air so long as they remain in good health. Children are prohibited from attending school and those engaged in factories and indoor employments are kept from work. It is of course essential in all such cases that strict enquiry should be systematically and frequently made as to their state of health, and this I am accustomed to supplement by a minute medical inspection for modified rashes.

Through my action in allowing contacts out of doors—*en passant*, we have no statutory power whatever to keep them at home—I fear I incurred the displeasure of divers extraneous admonitors to whom the fact that this course has been successfully and consistently pursued in London, Leicester and other large centres, will doubtless be a revelation. The system, too, as is naturally to be expected, has the explicit approval of the Local Government Board.

I consider it only courteous to conclude this report by stating that in the supervision of the outbreak you gave me an absolutely unhampered hand as to such legitimate expenditure and precautions as I deemed to be expedient or essential.

I have the honour to be, Gentlemen,

Your obedient Servant,

J. E. O'CONNOR,

Medical Officer of Health Leicestershire, Rutland,
and Warwick Combined Sanitary Districts.

Kirby Muxloe,
Leicester,
22nd Nov., 1904.

DIPHTHERIA.

Nine sporadic cases came under observation. They were, for the most part, unassociated, and no school appears to have been implicated. Each case led to sanitary inspection and rectification of discoverable defects. Anti-diphtheritic serum was supplied for poorer patients at the Council's expense. One case proved fatal.

The number of cases notified each year since the Notification Act became compulsory was as follows :—

		1900	1901	1902	1903	1904
Cases ...	...	3	2	2	11	9
Deaths	...	—	—	—	—	1

SCARLET FEVER.

Forty-four cases were notified, the majority being of a mild type. Two cases however proved fatal. There were doubtless many more so trivial as to pass unnoticed. Notifications were received every month, their number bearing no definite relation to school attendance.

The following is a retrospect of cases notified during the past five years :—

		1900	1901	1902	1903	1904
Cases ...	...	84	12	5	43	44
Deaths	...	2	—	—	—	2

ENTERIC FEVER.

One case was notified in Bishop Street early in September, the patient being a railway man who drank water from various sources. The premises on which he resided were however provided with an insanitary pit. Most of these pits have been abolished from your district, and I would urge the desirability of promptly dealing with the remainder. The cases notified during the past five years were as follows :—

1900	1901	1902	1903	1904
1	1	—	—	1

The above must be accepted as a comparatively healthy record in respect of this disease.

CHICKEN POX.

Notification was opportunely made compulsory some two months prior to the incidence of Small Pox. Special notices were then distributed broadcast as to the necessity for prompt notification,

the two diseases being not infrequently indistinguishable till tested by vaccination. Several cases of both diseases were so tested, all cases of Chicken Pox as to which there was the slightest element of initial doubt being closely observed with special precautions to prevent its spread. A coincident epidemic of Chicken Pox always handicaps a health officer in the administrative control of Small Pox, and this is especially true if the former disease be not notifiable.

DISINFECTION.

Spraying with a solution of formalin is now employed in lieu of or in addition to fumigation. The completion of the new isolation hospital should be followed by steam disinfection in all necessary cases. A useful disinfecting machine in which current steam is employed in conjunction with formalin can now be obtained for £35. It is simple, cleanly and easy to control, and the cost of upkeep and disinfection is but a fraction of that involved in the employment of more expensive machines.

HOUSES UNFIT FOR HABITATION.

I condemned seven houses which were closed and advised as to necessary improvements in several others which were made habitable.

SLAUGHTER HOUSES.

The proposal to enlarge the public abattoir is one which must meet with the unqualified approval of all sanitarians, especially if it leads to the disuse of slaughter houses in more crowded localities and less sanitary surroundings. Every facility and encouragement should be offered to induce the use of public to the exclusion of private slaughter houses.

Early in the year I inspected the carcase of a sheep as to whose fitness for human food there was a conflict of veterinary opinion. The sheep had died of a cystic disease, affecting the brain and producing the condition known as "giddy" or "sturdy" in which the animal through partial paralysis commonly becomes bruised by frequently falling on one side. The bruised parts had been removed and the remainder, including the head, was in preparation for sale. I condemned the head as unfit for food and passed the rest as fit, though of poor quality.

WATER SUPPLY AND SANITATION.

The shortage of water in the new reservoir is a matter of serious import to the sanitation of your town, and I consider it of importance

that every known device for economising water should be resorted to, until a higher rainfall, or the securing of a sufficient supplemental supply of good quality solves the difficulty. Most important of all is the checking of waste by thorough and systematic inspection. On my tours of inspection I have repeatedly directed attention to leakages from bib-taps, owing not so much to carelessness of householders, as to defective re-washing. I would suggest that the fact that re-washing will be carried out free of charge on receipt of notice of leakage, should be prominently stated on the face of water accounts, and further that every tap in the town, as well as other water fittings, should be periodically examined.

The appended report of the Sanitary Inspector shews that the abolition of insanitary pits and the substitution of sanitary conveniences with proper flushing apparatus is receiving attention. While strongly advocating the elimination of such pits as still remain, I would ask you to pay particular attention to the precise pattern and structure of the conveniences by which they are replaced in order that the maximum benefit may be obtained from water utilized for flushing.

It is further desirable that public conveniences should be provided with syphon flush-tanks, as this would combine with increased efficiency an appreciable saving of water.

Details of sanitary supervision are summarized in the synopsis submitted by your Inspector.

FACTORIES AND WORKSHOPS.

The wholesale manufacture of Pork Pies is as heretofore carried out with scrupulous care and cleanliness. Bakehouses are regularly inspected and are on the whole well kept.

In a recent inspection of a number of workshops, I advised additional ventilation in several instances and my recommendations met with ready compliance.

The statistical Tables required by the Home Office and Local Government Board are appended.

I have the honour to be, Gentlemen,

Your obedient Servant,

J. E. O'CONNOR, Capt.,

Medical Officer of Health Leicestershire, Rutland,
and Warwick Combined Sanitary Districts.

28th February, 1905.

Sanitary Inspector's Report, Year, 1904.

Melton Mowbray Urban District.

No. of Complaints received during the year	...	...	41
No. of Houses, Premises, &c., inspected	...	...	872
No. of Animals improperly kept	...	...	1
House, or part thereof, overcrowded	...	...	1
Nuisance abated	...	...	1
No. of Lodging Houses registered	...	...	2
Inspections	...	Periodically	8
No. of Slaughter House, licensed or registered	...	...	8
Inspections	...	Periodically	20
Dairymen, Cowkeepers, Purveyors of Milk (No. registered)	...	...	20
No. in District	...	...	20
No. of Inspections of Premises	...	Periodically	7
Public Health Act, 1875, No. of Houses condemned	...	...	7
No. closed	...	...	7
No. cleansed and limewashed	...	...	4
Housing of Working Classes Act, Part II. :	...	...	5
No. of Houses made habitable	...	...	90
Infectious Diseases :—	...	...	90
Houses affected	...	...	63
Houses inspected	...	...	13
Houses disinfected	...	...	6
Disinfectant used : Formalin	...	...	22
Lots of Clothing disinfected	...	...	95
Bedding destroyed	...	...	71
Privy Middens: No. converted to w.c.'s	...	...	22
Water Closets, new provided	...	...	58
No. supplied with water	...	...	1
Ashpits, No. converted to ashbins	...	...	1
Ashbins, new provided	...	...	1
Water Supply :	...	...	3
Samples taken for analysis	...	...	
Samples condemned	...	...	
Wells cleansed, repaired, etc.	...	...	
Public Supply substituted for well	...	...	

Factory and Workshop Act, 1901.

Workshops, Total number on register (including bakehouses)	56
No. in which nuisances abated	6
Bakehouses, No. on register...	15
Home work, No. of outworkers	12
No. of Houses	10

J. E. O'CONNOR, *Capt.*,
Medical Officer of Health.

JOHN DAFT,
Sanitary Inspector.

TABLE 1.

Vital Statistics of whole District during 1904
and previous years.

Year	Population estimated to Middle of each year.	BIRTHS.		Total Deaths regist'd in the District				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all ages belonging to the District.	
		No.	Rate*	Under 1 year of age		All ages					No.	Rate*
				No.	Rate per 1000 Births registered.	No.	Rate*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1894	6715	205		28		114		15				
1895		181		25		125		10				
1896		209		30		93		7				
1897		185		49		131		13				
1898		244		46		122		13				
1899		230		46		148		12				
1900		194		35		140		17				
1901	7483	206		36		111		16				
1902	7600	200	26·3	20	100	108	14·2	24	17		104	
1903	7716	209	27·0	23	110	108	13·9	11	9		99	12·8
Averages for years 1894-1903	7210	206	28·5	33	160	120	16·6	13				
1904	7835	234	29·9	36	153	133	16·9	15	9	5	129	16·4

* Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population.

Total population at all ages, 7,454.
Number of inhabited houses, 1,604.
Average number of persons per house, 4·6.

} At Census of
1901.

Area of District in acres (exclusive of area covered by water), 2,670.

TABLE 2.

I.	II.	III.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the several localities in the district.
THE UNION WORKHOUSE, MELTON.	THE LEICESTER INFIRMARY. THE SMALL POX ISOLATION HOSPITAL SYSTON.	

TABLE 3.

Cases of Infectious Disease notified during the Year 1904.

NOTIFIABLE DISEASES.	CASES NOTIFIED IN WHOLE DISTRICT.							NUMBER OF CASES REMOVED TO HOSPITAL.
	AT ALL AGES.	AT AGES—YEARS.						
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	
Small Pox	18	1	1	3	7	5	1	13
Diphtheria	9		1	5	1	2		
Erysipelas	5			1		4		
Scarlet Fever	44	1	7	33	2	1		
Enteric Fever	1					1		
Chicken Pox	21	1	11	9				
Phthisis	3				2	1		
TOTALS	101	3	20	51	12	14	1	13

Isolation Hospital for Small Pox, Syston, Barrow-on-Soar
Rural District.

TABLE 4.

Causes of and Ages at Death during the Year 1904

Causes of Death	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths in Public Institutions in the District.		
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and up- wards	Resident	Non-Resident	Total
Small Pox	1	1								
Scarlet Fever	2			2						
Whooping Cough	10	5	5							
Diphtheria and mem- branous croup	1			1						
Epidemic influenza	2					1	1			
Diarrhœa	5	4			1					
Enteritis	3				1	2				
Erysipelas	1						1			
Other septic diseases	1			1						
Phthisis	10			1	3	5	1	1		1
Other Tubercular diseases	6		2	1	3					
Cancer, malignant disease	7					2	5			
Bronchitis	11	4	2				5		2	2
Pneumonia	3	1		1	1					
Pleurisy	1						1			
Other diseases of Respiratory organs	1						1			
Premature birth	8	8								
Diseases and Accidents of Parturition	1					1				
Heart Diseases	12				2	6	4	3	1	4
Accidents	2		1	1						
Suicides	1					1				
All other causes	40	13				14	13	2	6	8
All Causes	129	36	10	8	11	32	32	6	9	15

Annual Report of Medical Officer of Health.

Factories, Workshops, Laundries, Workplaces & Homework.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES	12	—	—
WORKSHOPS	22	—	—
WORKPLACE	31	—	—
HOMEWORKERS' PREMISES	24	—	—
Total	89	—	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects.	
	Found.	Remedied.
<i>Nuisances under the Public Health Acts:—</i>		
Want of Cleanliness	2	2
Want of Ventilation	6	4
Total	8	6

Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted.

3.—OTHER MATTERS.

Class.	Number of	
Matters notified to H.M. Inspectors of Factories:—		
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	2	
Action taken in matters by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (8. 5)	—	
Other	—	
Underground Bakehouses (S. 101):—		
In use during 1903	—	
Certificates granted { in 1933	—	
{ in 1904	1	
In use at the end of 1904	1	
Homework:—	Number of	
<i>Lists of Outworkers (S. 107):—</i>	Lists.	Outwork's
Lists received	5	12
Adresses of { forwarded to other Authorities	2	
outworkers { received from other Authorities	—	
<i>Homework in unwholesome or infected premises:—</i>	Wearing Apparel.	Other.
Notices prohibiting homework in unwholesome premises (S. 108)	Nil.	Nil.
Cases of infectious disease notified in homeworkers' premises... ..	"	"
Orders prohibiting homework in infected premises (S.110)	"	"
Workshops on Register (S. 131) at the end of 1904:—		
Pork Pie	3	Dressmakers ... 11
Bakehouses	15	Tailors 5
Bootmakers	8	Other 14
Total Number of Workshops on Register	56	